

Participant's Name:		DOB:	Male Female	_
Person Requesting Aid:	Relationship:			_
Address:				_
Home Phone:	Cell:	Email:		_
Program Name:				_
Date/ Day/Time of Program:				_
Total Program Fee: \$				
Total amount of scholarship for consider	ration (total program cost 1	minus non-refundable	deposit): \$	
Amount you are able to contribute: \$	Volunteer ho	urs/days you might co	ontribute	
Applicant's Signature:		Date	:	
Applicant's Comments:				<u> </u>
**************************************	Y SOCIAL WORKER, HUMAN	SERVICES DEPARTME	NT)	
Recommend subsidy:				
Release of information signed and on fil	e: yes no	_		
Number of individuals eligible in the ho	me (include name(s) and d	late(s) of birth for swi	m tag requests):	
Comments (optional):				
(OFFICE USE ONLY, TO BE COMPLETED BY				
(OFFICE USE ONLY: TO BE COMPLETED BY			,	
Approved:(Signature)	Amount Ap	proved: \$	Date:	
Denied: (Signature)	Reason:		Date:	
Balance Due: \$	Comments:			